

PLAINTIFF

Donell Freeman

COURT CASE NUMBER

18-cv-07802-BRM-TJB

DEFENDANT

HASMI KABERUDIN

APR 05 2019

TYPE OF PROCESS

SUMMONS COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

HASMI KABERUDIN, MD @

CLERK

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

17009 WATERWORKS Rd Freehold NJ 07728

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Donell Freeman 93683-B
168 FRONTAGE Rd North St Prison
NEWARK NJ 07114

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

HASMI, KABERUDIN MD WAS employed by medical provider
1 WATERWORKS Rd Freehold N.J. 07728. Correct care solution of
OF NASHVILLE TN.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 350	District to Serve No. 350	Signature of Authorized USMS Deputy or Clerk R. Will	Date 04/03/19
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

X Teodor M. Will

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time am pm

Signature of U.S. Marshal or Deputy

Service Fee 15.00	Total Mileage Charges (including endeavors) 37.44	Forwarding Fee —	Total Charges 102.44	Advance Deposits —	Amount owed to U.S. Marshal or 102.44	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DONELL FREEMAN,
Plaintiff

V.

KEVIN MCDONNELL, MD, ET AL.,
Defendant

**SUMMONS ON AMENDED
COMPLAINT**

CASE
NUMBER: **3:18-CV-07802-BRM-TJB**

TO: *(Name and address of Defendant):*

Kabeeruddin Hashmi

A lawsuit has been filed against you.

Unless otherwise prescribed by rule, within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached amended complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the amended complaint. You also must file your answer or motion with the court.

s/ WILLIAM T. WALSH
CLERK



ISSUED ON 2019-04-01 15:49:03, Clerk
USDC NJD

RETURN OF SERVICE		
Service of the Summons and complaint was made by me(1)	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Name of person with whom the summons and complaint were left: _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Returned unexecuted: _____ _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other (specify) : _____ _____ _____ </div>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Executed on _____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 50%;"> <p>_____ Signature of Server</p> <p>_____ Address of Server</p> </div> </div>		

RECEIVED

PLAINTIFF <u>Donell Freeman</u>	COURT CASE NUMBER <u>No. 18-7802 (BRM)</u>
DEFENDANT <u>HASMI KABERUDIN, MD. ET AL.</u> AT 8:30 <u>W</u>	TYPE OF PROCESS <u>stc</u>

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
HASMI KABERUDIN MD. ET AL. AT MONMOUTH COUNTY Jail medical Dept.

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1 WATER WORKS R.d Freehold N.J 07728

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

<u>Donell Freeman 932683-B</u> <u>108 Frontage R.d - Northern St. Prison</u> <u>NEWARK N.J 07114</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>1</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold
HASMI KABERUDIN, MD. ET AL. AT MONMOUTH COUNTY CORRECTIONAL INSTITUTION
1 WATER WORKS R.d
Freehold, NJ 07728
was employed under
correct care solution out
of Nashville TN.

Donell Freeman
Signature of Attorney or other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3-2-19</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>B50</u>	District to Serve No. <u>B50</u>	Signature of Authorized USMS Deputy or Clerk <u>Aswell</u>	Date <u>04/03/19</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Teodor NAZINE</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>04-04-19</u> Time <u>1:30</u> <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>HOLLAND</u>

Service Fee <u>65.00</u>	Total Mileage Charges (including endeavors) <u>37.44</u>	Forwarding Fee <u>—</u>	Total Charges <u>102.44</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>102.44</u>	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DONELL FREEMAN,
Plaintiff

V.

**SUMMONS ON AMENDED
COMPLAINT**

KEVIN MCDONNELL, MD, ET AL.,
Defendant

CASE
NUMBER: **3:18-CV-07802-BRM-TJB**

TO: *(Name and address of Defendant):*

MCC, Medical Dept.

A lawsuit has been filed against you.

Unless otherwise prescribed by rule, within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached amended complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the amended complaint. You also must file your answer or motion with the court.

s/ WILLIAM T. WALSH
CLERK



ISSUED ON 2019-04-01 15:49:03, Clerk
USDC NJD

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STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Executed on _____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%;"> <p>_____ Signature of Server</p> <p>_____ Address of Server</p> </div> </div>		